

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 594 409

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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11						
12						
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14						
15						
16						
17						
18						
19						
20						
21						
22						
23			1			
24				1		
25						
26						
27						
28						
29						
30						
31			1			
32				1		
33						
34						
35						
36						
37			1			
38				1		
39						
40						
41						
42						
43				1		
44			1			
45						
46						
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.		◀	24	◀	◀	
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		◀			◀	
TOTAL CLAIMS						